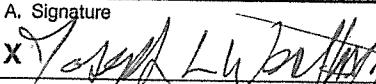


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
1. Article Addressed to:		<p>1:20cv207 Doc #20 and 21 Joseph L. Westfall 2110 Williams Avenue Clarksburg, WV 26301</p> <p>9590 9402 5550 9249 2860 18</p> <p></p>	
2. Article Number (Transfer from service label)		<p>7019 2280 0000 6955 7663</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Every Restricted Delivery <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Restricted Delivery <input type="checkbox"/> Restricted Delivery (over \$500)</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053			
Domestic Return Receipt			

DEC 15 2020

U.S. DISTRICT COURT
ELKINS WV 26241

FILED